UNITED STATES PATENT AND TRADEMARK OFFICE

Applicant: Lamb et al.) Group Art Unit: Unknown
Application No.: Unknown) Examiner: Unknown
Confirmation No.: Unknown)
Filed:)
Attorney Doc. No. SJO920030054US1)
Title: CIM Utilities)))) I HEREBY CERTIFY THAT THIS CORRESPONDENCE IS BEING DEPOSITED IN AN ENVELOPE WITH THE UNITED STATES POSTAL SERVICE "EXPRESS MAIL POST OFFICE TO ADDRESSEE" SERVICE UNDER 37 C.F.R. 1.10 ON THE DATE INDICATED BELOW, AND SUCH ENVELOPE IS ADDRESSED TO MAIL STOP PATENT APPLICATION COMMISSIONER FOR PATENTS P.O. BOX 1450 ALEXANDRIA, VA 22313-1450

INFORMATION DISCLOSURE STATEMENT

Commissioner for Patents P.O. Box 1450 Alexandria, VA 22313-1450

Sir:

Information Disclosure Statement forms (PTO/SB/08A and 08B), and a copy of each document listed on the forms, are attached for the examiner's consideration.

Respectfully submitted,

Timothy N. Ellis Reg. No. 41,734

Tim Ellis

Attorney for Applicant

PTO/SB/08A (08-03)

Approved for use through 07/31/2006. OMB 0651-0031

U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Substitute for form 1449/PTO	Complete if Known		
	Application Number		
INFORMATION DISCLOSURE	Filing Date		
	First Named Inventor	Lamb	
STATEMENT BY APPLICANT	Art Unit		
(Use as many sheets as necessary)	Examiner Name		
Sheet 1 of 2	Attorney Docket Number	SJO920030054US1	

Examiner	Cite	Document Number	Publication Date	Name of Patentee or	Pages, Columns, Lines, Where
Initials* No.	No.1	Number-Kind Code ^{2 (# known)}	MM-DD-YYYY	Applicant of Cited Document	Relevant Passages or Relevant Figures Appear
		^{US-} 2002/0184360A1	12-05-2002	Weber et al.	
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FOREIGN PATENT DOCUMENTS						
Examiner Initials*	Cite No.1	Foreign Patent Document	Publication Date	Name of Patentee or Applicant of Cited Document	Pages, Columns, Lines, Where Relevant Passages	
		Country Code ³ "Number ⁴ "Kind Code ⁵ (if known)	MM-DD-YYYY	7 ppilodit of olica bocarrent	Or Relevant Figures Appear	T ⁶
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Examiner	Date	Τ
Signature		
Oignature	Considered	
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Transation is attached.

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Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it contains a valid OMB control number. Compl te if Known Substitute for form 1449/PTO Applicati n Numb r **INFORMATION DISCLOSURE** Filing Date STATEMENT BY APPLICANT **First Named Inventor** Lamb Art Unit (Use as many sheets as necessary) Examiner Name Attorney Docket Number Sheet 2 2 SJO920030054US1

		NON PATENT LITERATURE DOCUMENTS	
Examiner Initials*	Cite No.1	Include name of the author (in CAPITAL LETTERS), title of the article (when appropriate), title of the item (book, magazine, journal, serial, symposium, catalog, etc.), date, page(s), volume-issue number(s), publisher, city and/or country where published.	T ²
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Examiner	Date	
Signature		
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